

Miami-Dade County
Accounts Payable Authorized Signatures

For Department/Agency: _____

Approved By: _____ Date: _____
DEPARTMENT DIRECTOR

Return by, Monday, September 26, 2005

Return to Dania D. Timmons, Finance Department, 111 N.W. 1st Street - Suite 2620.

This form lists the names of the individual(s) authorized by the Department Director to be responsible for the expenditures of budgeted funds, **to include purchasing/travel credit card related expenditures (reconciled monthly)**

This authorization, unless changed, will be effective for the fiscal year 2005-2006.

These signature authorization form are retained in department order for auditing purposes. Subsequent requisitions, purchase orders, receiving reports, direct bills, and any other requests for reimbursement/disbursements for the 2005-2006 fiscal year:

<u>NAME</u> <u>TYPE OR PRINT</u>	<u>DEPT.</u> <u>NO.</u>	<u>DIV.</u> <u>NO.</u>	<u>SIGNATURE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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